| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
|  | SF |  | 10-02-01 |
| FEE DETERMINATION |  |  |  |
| O.I.P.E. CLASSIFIER | Dn | 32 | 10/9 |
| FORMALITY REVIEW | MM | 522 | 11-16-01 |
| RESPONSE FORMALITY REVIEW | MH | 830 | 02-20-02 |

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= .............................. Allowed      I .............................. Interference
– (Through numeral)... Canceled     A .............................. Appeal
÷ .............................. Restricted   O .............................. Objected

| Claim (Final / Original) | Date | Claim (Final / Original) | Date | Claim (Final / Original) | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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